Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005089	A. BUILDING _____ B. WING _____	07/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST MARY'S MEDICAL CENTER OF EVANSVILLE INC	3700 WASHINGTON AVE EVANSVILLE, IN 47750

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for the investigation of a State hospital complaint. Complaint Number: IN00088846 Unsubstantiated: Lack of sufficient evidence. Date: July 12, 2011 Facility: 005089 Surveyor: Billie Jo Fritch RN, BSN, MBA Public Health Nurse Surveyor St. Mary's Medical Center was found in compliance with 410 IAC 15-1.5-6, Nursing Service, Hospital Licensure Rules. QA: claughlin 07/27/11	S 000		